



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

EQUIPMENT DEMOLITION FORM

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

ELBI #: _____	Building Name: _____
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Building Physical Address:

Number, Street Name, Suite Number/Apartment Number	City	Zip Code
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#	TXE Decal # Totally Removed from Site	Type of Unit (Electric, Hydraulic, Escalator, Moving Walk, LULA, Wheelchair Lift)	Comments (If Necessary)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

BY SIGNING THIS FORM, I CERTIFY THE ABOVE IS TRUE AND CORRECT.

Inspector Signature _____	TDLR INSP LIC # _____
Inspector Name (Printed) _____	Date _____

THIS FORM MUST BE FILED DIRECTLY WITH THE REGULATORY PROGRAM MANAGEMENT DIVISION – ELEVATOR/ESCALATOR SAFETY PROGRAM AT ELEVATOR@TDLR.TEXAS.GOV